

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8-1-2007
Case #: 22F42247
County: STEUBEN

Address: 408 N. WASHINGTON
STREET APT 13
ANGOLA, IN 46703

Type of Laboratory Seizure (check one)

- ☒ Operational Lab
☐ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☒ Residence
☐ Outbuilding
☐ Vehicle
☐ Hotel/Motel
☐ Open - No Structure
☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: COLEMAN FUEL ETHER
☒ Water Reactive Metal (Lithium): CASINGS AND STRIPPINGS
☐ Anhydrous Ammonia: _____
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: LIQUID LIGHTNING DRAIN CLEANER
☒ Corrosive Base: LYE
☒ Other (item and location): TUBING, FILTERS, COOKWARE

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: SEARCH WARRANT

This report is to be faxed to the following agencies that serve the location:

Fire Department: ANGOLA FD

Fax: 260-624-2744

Health Department: STEUBEN COUNTY

Fax: 260-665-1418

Child Protection Service: _____

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: TPR. ROB SMITH Phone 260-432-8661

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.